

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90029 028 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 427133**

1. Corporation Name  
**GUY ENTERPRISES, INC.**

Principal Place of Business 8306 MILLS DRIVE #379 MIAMI FL 33183	Mailing Address 8306 MILLS DRIVE #379 MIAMI FL 33183
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5 THOMAS MELLON CIRCLE Suite, Apt. #, etc. 22 SUITE 220 City & State 23 SAN FRANCISCO CA Zip 24 94134 Country 25 USA	2a. Mailing Address 26 5 THOMAS MELLON CIRCLE Suite, Apt. #, etc. 27 SUITE 220 City & State 28 SAN FRANCISCO, CA. Zip 29 94134 Country 30 USA	3. Date Incorporated or Qualified <b>06/01/1973</b>	4. FEI Number <b>59-1464511</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>SACHER, CHARLES P ATTY 2655 LEJEUNE RD SUITE 1101 CORAL GABLES, FL 33134</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRICK, GUY	1.2 NAME	
STREET ADDRESS	25 BOROUGHWOOD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBOROUGH CA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRICK, MARISTELLA	2.2 NAME	
STREET ADDRESS	25 BOROUGHWOOD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBOROUGH CA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY E RODRICK 4/16/99 305 271 1025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)